

BETTY M. BLYTHE

GRANTOR(S)

TO

ALICE BLYTHE DENTON, ET VIR

GRANTEE(S)

QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, the receipt and sufficiency of all of which is hereby acknowledged, I, BETTY M. BLYTHE, do hereby convey and quitclaim unto ALICE BLYTHE DENTON and husband, ROBERT R. DENTON, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, all of my right, title and interest in and to the following described property situated in DeSoto County, Mississippi, to-wit:

INDEXING INSTRUCTIONS: a 3.0023, more or less, acre tract of land being located in the Southwest Quarter of Section 19, Township 1 South, Range 8 West, DeSoto County, Mississippi, and being more particularly described as follows, to-wit:

Begin at an iron stake (found) at the accepted southwest corner of the southwest Quarter of Section 19, Township 1 South, Range 8 West; thence North 05°53'00" West 1498.50 feet with the westerly line of said section to the point of intersection with the present centerline of Norfolk Road, said point being also 288.26 feet, South 05°53'00" East from an iron stake (found) in said Westerly line of said section; thence South 45°30'00" East 1208.15 feet with said centerline to a point, said point being the True Point of Beginning for the herein described tract; thence North 21°45'11" East 25.53 feet to a "Fence Rail Corner" (set); thence continue North 21°45'11" East 243.67 feet to a "Wire Flag" (Reference Point); thence continue North 21°45'11" East 227.94 feet (Total distance measured = 497.14 feet) to a point; thence south 54°19'09" East 270.96 feet to a point; thence South 22°02'29" West 142.08 feet to a "Wire Flag" (Reference Point); thence continue South 22°02'29" West 333.73 feet to a "Fence Rail Corner" (set); thence continue South 22°02'29" West 20.73 feet (Total distance measured = 496.54 feet) to a point in the centerline of Norfolk Road; thence North 55°30'00" West 236.96 feet with said centerline to a point; thence North 45°30'00" West 31.85 feet with said centerline to the point of beginning containing 3.0023, more or less, acres of land being subject to all codes, regulations and revisions, easements and right-of-ways of record.

together with all and singular improvements thereon and appurtenances thereunto belonging.

By way of explanation, Betty M. Blythe is executing this document as sole owner of said property due to the death of Shelton M. Blythe as evidenced by attached death certificate.

WITNESS OUR SIGNATURES, this the 11th day of August, 2010.


BETTY M. BLYTHE, Grantor

Grantor(s) Address: 11820 Norfolk Road, Lake Cormorant, MS 38641
Home Phone No.: (901) 490-4569 Work Phone No.: N/A

Grantee(s) Address: 11820 Norfolk Road, Lake Cormorant, MS 38641
Home Phone No.: (901) 634-4173 Work Phone No.: N/A

NO TITLE WORK WAS REQUESTED OR PERFORMED BY THE LAW OFFICE OF GEORGE B. READY.

Prepared By & return to:
Law Office of George B. Ready
P.O. Box 127
Hernando, MS 38632
(662) 429-7088

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named BETTY M. BLYTHE, who acknowledged that he/she signed and delivered the above and foregoing Quitclaim Deed on the day year therein mentioned as his/her free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, the 11TH day of August, 2010.

(Seal)




NOTARY PUBLIC / Ann Lunceford

My Commission Expires: 9/14/11

**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
HANDBOOK

NAME OF DECEASED
For use by physician or institution

1. DECEDENT'S NAME (First, Middle, Last) Shelton McGehee Blythe				2. SEX M		3. DATE OF DEATH (Month, Day, Year) 10/23/94	
4. NUMBER 4262-A		5a. AGE - LAST BIRTHDAY (Years) 68		5b. UNDER 1 YEAR MO. DAYS 		5c. UNDER 1 DAY HOURS MIN. 	
6. DATE OF BIRTH (Month, Day, Year) 8/15/26				7. BIRTHPLACE (City and State or Foreign Country) Lake Cormorant, MS			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Baptist East, 6019 walnut gr				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Betty Mason		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do <u>not</u> use retired.) Farmer		12b. KIND OF BUSINESS/INDUSTRY Farming	
13a. RESIDENCE—STATE MS.		13b. COUNTY Tate		13c. CITY, TOWN OR LOCATION Senatobia		13d. STREET AND NUMBER OR RURAL LOCATION 83 Country Club Dr.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38668		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify, if yes:		15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 6+) 3							
17. FATHER'S NAME (First, Middle, Last) Joseph McDaniel Blythe				18. MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Taylor			
19a. INFORMANT'S NAME (Type/Print) Betty Mason Blythe				19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 83 Country Club Dr. Senatobia, MS 38668	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) New Bethlehem		20c. LOCATION—City or Town, State Nesbit, MS	
21a. SIGNATURE OF FUNERAL DIRECTOR Harry Jones, Jr.				21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS 153		21c. SIGNATURE OF EMBALMER Murray L. L. L.	
21d. LICENSE NUMBER OF EMBALMER FS 92							
22a. NAME AND ADDRESS OF FUNERAL HOME Hernando Funeral Home, 315 Losher Street Hernando, MS 38632						22b. LICENSE NUMBER OF FUNERAL HOME FE 47	
23. REGISTRAR'S SIGNATURE Mary Ann Bradshaw				Deputy DATE FILED (Month, Day, Year) NOV 17 1994			
24a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Lee Schwartzberg							
25a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				25b. LICENSE NUMBER MD17969		25c. DATE SIGNED (Month, Day, Year) 11/9/94	
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Lee Schwartzberg 1775 Moriah Woods Blvd Memphis TN 38117							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Malignant Lymphoma DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death 1 year							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 8 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				31d. DESCRIBE HOW INJURY OCCURRED			
31e. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

BIRTH NO.

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENNESSEE
THIS IS TO CERTIFY that this is a true and correct copy of the record filed with
the Tennessee Vital Records by the Memphis & Shelby County Health Department.

SEAL

Date Issued

NOV 17 1994

by

Glenn D. Fouse

Glenn D. Fouse, Registrar
Vital Records Section